

**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

Sealed proposals will be received up to and opened at 12:00 p.m.

on  
November 24, 2004

in the Administrative Services Office/Contracts, No. 1 Capitol District, 250 S. Hotel St., 5th  
Floor, Room 510-D, Honolulu, Hawaii, 96813.

Questions relating to this bid solicitation may be directed to Ms. Eileen Harada,  
phone (808) 586-9312

## TABLE OF CONTENTS

Notice to Offerors: "Request for Proposals" .....	3
Introduction, Significant Dates, Official Contact Person.....	6
Statement of Work .....	8
Evaluation Criteria .....	17
Special Provisions.....	19
Proposal Requirements .....	25
Proposal.....	29
OFFER FORM OF-1 .....	Exhibit A
Tax Clearance Application.....	Exhibit B
DLIR Application.....	Exhibit C
Hawaii Administrative Rules .....	Exhibit D
Neighbor Island Visitor Questionnaire Survey Form (English Version) .....	Exhibit E
Neighbor Island Visitor Questionnaire Survey Form (Japanese Version) .....	Exhibit F
General Terms and Conditions (April 15, 1996) .....	Attachment A

## **REQUEST FOR PROPOSALS**

The Department of Business, Economic Development, and Tourism  
Research and Economic Analysis Division

Solicitation No. RFP-05-06-READ

### **NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006**

Pursuant to the Hawaii Public Procurement Code, Chapter 103D, Hawaii Revised Statutes, the State of Hawaii Department of Business, Economic Development, and Tourism (DBEDT) Research and Economic Analysis Division (READ) is soliciting proposals to conduct the Neighbor Island Visitor Basic Characteristics and Expenditure Survey for calendar years 2005 and 2006.

#### Project Description:

READ seeks to obtain services to conduct the Neighbor Island Visitor Basic Characteristics and Expenditure Survey for calendar years 2005 and 2006. The survey involves distributing self-administered survey questionnaire forms to passengers departing from the Kahului airport on Maui; the Lanai airport, the Molokai airport; the Lihue airport on Kauai; and the Hilo and Kona airports on the Big Island. The CONTRACTOR shall collect the survey questionnaire forms and process and report visitor data. Data to be collected from this study shall include, but not be limited to: out-of-state visitor characteristics and spending on each Neighbor Island; Hawaii resident visitor characteristics and spending on each Neighbor Island and the characteristics of Hawaii residents traveling out-of-island.

#### Requirements:

All written questions must be submitted to the DBEDT/Administrative Services Office/Contracts by 4:00 p.m., Hawaii Standard Time (HST) on October 26, 2004.

Proposals shall be received up to 12:00 p.m. HST on November 24, 2004 in the Administrative Services Office/Contract, DBEDT, State of Hawaii, No. 1 Capitol District, 5<sup>th</sup> Floor, Room 510-D, 250 South Hotel Street, Honolulu, Hawaii, 96813. Proposal documents may be obtained from said office between the hours of 8:30 a.m. to 11:30 a.m. and 1:30 p.m. to 4:00 p.m., Monday through Friday, except for STATE holidays. All interested parties must register with said office at the time a proposal document is requested. PLEASE NOTE: REGISTRATION IS MANDATORY.

All proposals must comply with DBEDT General Terms and Conditions dated April 15, 1996. Offerors are encouraged to carefully read the entire proposal documents. Proposals must be submitted on DBEDT proposal forms **with an original signature. If possible, blue ink is preferred.**

All proposals must comply with the Hawaii Administrative Rules (HAR) Section 3-122-112 (Exhibit D) which requires the submission of the following certificates upon award of a contract under HRS Section 103D-302, 103D-303, 103D-304, or 103D-306:

- 1) Tax Clearance Certificate (Department of Taxation)
- 2) Certificate of Compliance (Department of Labor and Industrial Relations)
- 3) Certificate of Good Standing (Department of Commerce and Consumer Affairs)
- 4) Certificate of Final Payment/Tax Clearance Certificate (Department of Taxation).

Eileen Harada for  
Theodore E. Liu, Director  
Department of Business, Economic Development, and  
Tourism, State of Hawaii

# **CAUTION!!!!**

- 1. ALL PROPOSALS MUST BE SUBMITTED ON DBEDT PROPOSAL FORMS. FAILURE TO SUBMIT ON SUCH FORMS MAY RESULT IN DISQUALIFICATION.**
- 2. ALL INTERESTED PARTIES MUST REGISTER WITH THE DBEDT ADMINISTRATIVE SERVICES/CONTRACTS OFFICE. REGISTRATION MAY BE DONE AT TIME OF PACKET PICK-UP.**
- 3. ALL PROPOSALS MUST BE RECEIVED BY THE DBEDT ADMINISTRATIVE SERVICES/CONTRACTS OFFICE BY 12:00 P.M., HAWAII STANDARD TIME (HST), November 24, 2004.**
- 4. PROPOSAL SUBMISSIONS MUST INCLUDE AN ORIGINAL SIGNATURE AND FIVE (5) COPIES. FAILURE TO SUBMIT SUCH ORIGINAL MAY RESULT IN DISQUALIFICATION. IF POSSIBLE, AN ORIGINAL SIGNATURE IN BLUE INK IS PREFERRED.**
- 5. OFFERORS ARE CAUTIONED THAT FEDERAL EXPRESS AND UNITED PARCEL SERVICE DELIVERIES ARE GUARANTEED UP TO 5:00 P.M. OF THE DESIGNATED DELIVERY DATE. OFFERORS ARE CAUTIONED TO MAKE PRIOR ARRANGEMENTS TO ENSURE DELIVERY BY 12:00 P.M., HST ON THE PROPOSAL DUE DATE.**

**Proposal and registration forms are available at the:**

**Department of Business, Economic Development, and Tourism  
Administrative Services Office / Contracts  
No. 1 Capitol District  
250 So. Hotel Street, 5<sup>th</sup> Floor, Room 510-D  
Honolulu, Hawaii 96813**

**Contact person: Eileen Harada  
808-586-9312**

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM  
RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**INTRODUCTION, SIGNIFICANT DATES, AND  
OFFICIAL CONTACT PERSON**

## **INTRODUCTION, SIGNIFICANT DATES AND OFFICIAL CONTACT PERSON**

### **A. INTRODUCTION**

The Department of Business, Economic Development, and Tourism (DBEDT), Research and Economic Analysis Division (READ) also referred to as the STATE in this solicitation seeks to obtain services to conduct the Neighbor Island Visitor Basic Characteristics and Expenditure Survey for calendar years 2005 and 2006. The survey involves distributing self-administered survey questionnaire forms to passengers departing from the Kahului airport on Maui; the Lanai airport, the Molokai airport; the Lihue airport on Kauai; and the Hilo and Kona airports on the Big Island. The CONTRACTOR shall collect the survey questionnaire forms and process and report visitor data. Data to be collected from this study shall include, but not be limited to: out-of-state visitor characteristics and spending on each Neighbor Island; Hawaii resident visitor characteristics and spending on each Neighbor Island and the characteristics of Hawaii residents traveling out-of-island.

### **B. SIGNIFICANT DATES**

- |  |                                  |
|--|----------------------------------|
| - Advertisement  | October 10, 2004                 |
| - Issuance of Request for Proposal                     | October 11, 2004                 |
| - Deadline for Offeror's Written Questions             | October 26, 2004<br>by 4:00 p.m. |
| - Response to Offeror's Questions and Addenda Deadline | October 29, 2004                 |
| - Sealed Proposal Due, 12:00 P.M.,                     | November 24, 2004                |

### **C. OFFICIAL CONTACT PERSON**

The official contact person for all communication regarding the RFP is:

Eileen Harada  
Department of Business, Economic Development, and Tourism  
Administrative Services Office/Contracts  
No. 1 Capitol District  
250 S. Hotel St., 5th Floor, Room 510-D  
Honolulu, Hawaii 96813  
Telephone: (808) 586-9312

Official responses to questions shall be made through written addenda issued to all prospective offerors. Offerors' attention is directed to the deadlines for questions and addenda stated above.

**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**RESEARCH AND ECONOMIC ANALYSIS DIVISION**  
**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE**  
**SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**STATEMENT OF WORK**



## **NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006**

### **A. OBJECTIVES**

The purpose of this survey is to collect, process and report data from visitors departing from the Kahului, Lanai and Molokai airports for Maui County; the Hilo and Kona airports for Hawaii County and the Lihue airport for Kauai County for calendar years 2005 and 2006.

Data to be collected from this study shall include, but not be limited to: out-of-state visitor characteristics and spending on each Neighbor Island; Hawaii resident visitor characteristics and spending on each Neighbor Island and the characteristics of Hawaii residents traveling out-of-island.

The CONTRACTOR shall begin preliminary work (survey form design and printing, (security clearance, etc.) on the project in November 2004 with the survey periods commencing from January 2005 – December 2006 and final reporting and documentation by April 2007.

### **B. SCOPE OF WORK – The CONTRACTOR shall provide all of the following services for both calendar years 2005 and 2006 respectively: The CONTRACTOR shall:**

1. Survey Instrument. The CONTRACTOR shall:
  - a. Review the content of the STATE provided survey questionnaire forms in two languages, English and Japanese (See Exhibits E and F attached herein). Recommend any changes to the questionnaire and further refine the survey instrument if necessary. The CONTRACTOR shall be responsible for the layout (in TELEform software) of the English and Japanese questionnaire forms to accommodate their scanning equipment requirements. The CONTRACTOR shall be responsible for the translation of the English questionnaire into Japanese language. Final layout of survey forms is subject to STATE approval.

- b. Be responsible for printing a sufficient numbers of survey questionnaire forms to yield a minimum of one thousand four hundred (1,400) completed forms from the Kahului Airport; two hundred fifty (250) completed forms from the Molokai Airport; one hundred fifty (150) completed forms from the Lanai Airport; nine hundred (900) completed forms from the Lihue Airport; four hundred (400) completed forms from the Hilo Airport; and nine hundred (900) completed forms from the Kona Airport per month per site for the duration of the 24-month survey period. The cost of printing should be included in the CONTRACTOR'S budget
- c. Print a sufficient amount of forms every six months for the duration of the survey period to allow the STATE the opportunity to review actual responses and make any additional modifications to the survey instruments. The STATE shall be sole owner of all printing materials, which shall include, but not be limited to design, typeset, and plates.
- d. Be responsible for any additional translation of the English survey questionnaire into Japanese.

2. Sample Design. The CONTRACTOR shall:

- a. Design the sampling methodology for prior STATE approval.. The CONTRACTOR shall design sampling procedures to accurately reflect the visitor population using a representative sample size. The CONTRACTOR shall indicate in the proposal the methodology to be used to achieve the sample size indicated below.
- b. The sampling frame should include out-of-state visitors (U.S. and Foreign) and Hawaii residents. Sample should include passengers of all age and ethnic groups defined in the survey questionnaire form.
- c. Sample each month from January 2005 – December 2006.
- d. Recommended schedule:
  - 1) Kahului Airport: twenty (20) days a month, seventy (70) completed forms a day;
  - 2) Molokai Airport: ten (10) days a month, twenty-five (25) completed forms a day;
  - 3) Lanai Airport: six (6) days a month, twenty-five (25) completed forms a day;

- 4) Lihue Airport: at least twenty (20) days a month, forty-five (45) completed forms a day;
  - 5) Hilo Airport: at least ten (10) days a month, forty (40) completed forms a day; and
  - 6) Kona Airport: at least twenty (20) days a month, forty-five (45) completed forms a day.
- e. Survey days shall include weekdays and weekends.
- f. Sample shall include all the major airlines including passengers (resident visitors and out-of-state visitors) departing on international, domestic and inter-island flights.
- g. Samples shall be drawn from different flights, including chartered flights.
- h. Samples shall be drawn randomly from all visitor markets including but not limited to: U.S. West, U.S. East, Japan, Canada, Europe, Oceania, Other Asia, Latin American, and others. The CONTRACTOR shall revise the sampling method if the STATE requires to do so.
- i. Minimum required completed surveys each month from each airport is one thousand four hundred (1,400) completed forms for Kahului Airport, two hundred fifty (250) completed forms for Molokai Airport, one hundred fifty (150) completed forms for Lanai Airport, nine hundred (900) completed forms for Lihue Airport, four hundred (400) completed forms for Hilo Airport and nine hundred (900) completed forms for Kona Airport. A minimum sample is defined as completed survey questionnaire forms.

A survey- form is considered to be complete if all of the following items are filled out correctly:

- 1) Size of party;
  - 2) length of stay;
  - 3) island visitation;
  - 4) place of residence;
  - 5) purpose of trip; and
  - 6) Accommodation.
- j. Closely monitor the response rate and the number of “completed forms.” If the completed forms fall short of the required returned samples due to a decline in the responding rate, the CONTRACTOR shall increase the number of forms to be distributed to achieve the targeted number of survey forms returned.

3. Data Collection. CONTRACTOR shall:

- a. Obtain the necessary airport permits and airport badges to conduct the surveys in the lobby, in the shopping areas and at the departure holding areas of each respective airport during the term of the Agreement with STATE assistance. The CONTRACTOR shall not use this clearance attained through the STATE to conduct surveys for any and all other companies or entities at the same time as this Neighbor Island survey. All costs related to obtaining security clearance (finger printing, fees etc.) should be included in the CONTRACTOR'S budget.
- b. Hire an interviewing supervisor to oversee interviewers surveying passengers departing from the Kahului and Lanai airports during the twenty-four - (24) month survey period of this Agreement. Said hiring is required by the Maui County Airport Management to comply with increased security measures enforced by the Transportation Security Administration (TSA). Costs of said hiring should be included in the CONTRACTOR'S budget.

The interviewing supervisor shall perform tasks that shall include, but not be limited to, the following:

- 1) Obtaining airport clearance badges required to oversee the survey interviewers and those airport clearance badges required by the survey interviewers at both the Kahului and Lanai airports. Be responsible for said badges and follow directives of Airport Management regarding check in and check out procedures at the beginning and ending of each survey day.
  - 2) Being present at the survey sites, during the entire term of each survey day.
  - 3) Ensuring that the interviewers' activities at the Kahului and Lanai airports are in compliance with Airport Management and TSA restrictions.
  - 4) Coordinating with the STATE and Airport Management regarding the survey schedules and activities.
- c. Each interviewer shall be required to wear a uniform at all times while conducting the STATE survey at the airports. This uniform shall not be worn to conduct any other surveys or for any other purpose. Said uniform shall be professional in appearance with a Hawaiian theme and shall require prior STATE approval.

- d. Deliver a detailed interview schedule based on sample design approved by the STATE which shall include, but not be limited to, date, shift type, shift hours, and the airline carrier, flight number and destination of the flights targeted with the name(s) of the interviewer(s) responsible for the respective shift within seven (7) working days prior to the beginning of each month for STATE approval. The STATE shall approve or request changes to the detailed interview schedule within three (3) working days of receipt of said schedule.
- e. Conduct data collection based on the STATE approved interviewing schedule. Distribute and collect survey questionnaires on scheduled working shifts each month. Shifts shall target all major inter-island, domestic, and international carriers on specific days to include weekends, Saturday and Sunday. All Federal holidays shall be excluded from the interviewing schedule and no data from those holidays shall be collected. All interviewers shall record counts of completed and attempted interviews on every shift.
- f. Interviewers shall randomly select departing passengers in the lobby, shopping areas, or at the departure holding gate areas and ask the passengers to complete the survey questionnaire. Interviewers shall immediately review the surveys for completeness and attempt to increase completions by asking respondents to fill in key areas should said questionnaires be incomplete.
- g. Interviewers shall always use proper etiquette and conduct themselves in friendly and a professional manner when approaching visitors at the airports.
- h. Submit for STATE approval monthly interviewer schedules and data collection status reports.
- i. Retain survey questionnaire forms for a minimum of three (3) months after the date on the forms. At the end of that period, the STATE shall have the option to have survey questionnaire forms delivered to the STATE offices identified by the STATE or permit the CONTRACTOR to shred said survey questionnaire forms so the confidentiality of the respondents is protected. Costs of shredding should be included in the CONTRACTOR'S budget

4. Data Processing. CONTRACTOR shall:

- a. Log and code completed survey questionnaires daily by date, shift code, airline code and flight number. Each survey shall be given a unique respondent identification so that surveys can be retrieved and checked as needed for quality control. Questionnaires shall be keypunched or scanned using an image scanner.

- b. All questionnaires shall be processed daily except for weekends and Federal holidays. Data collected on weekends shall be coded on the following Monday. All edited data shall be entered into Statistical Package for Social Sciences for Person Computer (SPSS/PC), Version 10.0 or later program.
  - c. Clean and tabulate the sample data using SPSS/PC, Version 10.0 or later program following STATE specifications. Clean the inputted data by checking for outliers, inconsistencies and miss-keyed responses. Identify cleaning items for the STATE to decide on how said items shall be resolved. Tabulated tables shall include but not be limited to information from Hawaii residents traveling inter-island, and out-of-state visitors by month, by airlines, by country of residence, by major market areas (MMA), by Metropolitan Statistical Area (MSA), by Hawaiian Island visited, by accommodation, by number of trip status, and by purpose of trip. Data tabulation shall be done on a cumulative monthly, quarterly and year-end basis.
  - d. Apply STATE provided airline carrier passenger weights and other weights as necessary to the data and tabulate data as specified in paragraphs a and b, above.
  - e. Design procedures for STATE approval to allocate trip package expenditures reported by visitors to Maui, Molokai, Lanai, Kauai and the Big Island. Compute per person per day visitor expenditures divided into individual components, which shall include, but not be limited to, air fare, lodging, rental car, meals, shopping and tour options. Use allocation methodology that will incorporate information from airlines for group airfares and secondary sources such as airline fare newsletters, transportation wholesalers, hotel average room rates, and so forth.
  - f. Deliver to the STATE all the raw data, SPSS/PC programming syntax, and tabulated tables in electronic files.
  - g. Submit for STATE approval a monthly processing report.
5. Reporting and delivery of results. The CONTRACTOR shall:
- a. Submit for STATE approval survey counts by shift type and passenger type to the STATE each week.
  - b. Submit for STATE approval a fielding status report, which details the number of completed survey questionnaires by shift, airline carrier, flight number and destination city to the STATE each month.

- c. Submit for STATE approval each month in electronic format, data banners, as determined by the STATE, which shall include, but not be limited to, information from Hawaii residents, inter-island visitors, and out-of-state visitors by month, by airlines, by country of residence, by MMA, by MSA, by Hawaiian Island visited, by accommodation, by number of trip status, and by purpose of trip no later than five (5) working days after receiving weights from the STATE.
- d. Submit for STATE approval each month, in electronic format, preliminary weighted and unweighted expenditure banners, as determined by the STATE, all data files, banners and program syntax files. Said data shall be delivered to the STATE as SPSS PC files no later than seven (7) working days after receiving weights from the STATE.
- e. Submit for STATE approval each month in electronic format, unweighted and weighted Per Person Per Day (PPPD) expenditures for all expenditure categories by MMA, as established by the STATE. Data, banners and syntax files shall be delivered to the STATE as SPSS PC files.
- f. Submit for STATE approval an electronic delivery on a quarterly, half-year and year end basis, cumulative weighted data in banners as determined by the STATE within seven (7) working days after the STATE provides airline carrier passenger, port-of-entry and country weights. Final data files, banners, and syntax files used in processing data shall be delivered to the STATE as SPSS PC files.
- g. Submit for STATE approval an electronic delivery on a quarterly, half-year and year-end basis cumulative weighted expenditure data in banners as determined by the STATE for all expenditure categories by MMA as established by the STATE within seven (7) working days after the STATE provides final airline carrier passenger, port-of-entry and country weights. Final data files, weighted and unweighted, banners and syntax files used in processing expenditure data shall be delivered to the STATE as SPSS PC files.
- h. Edit and update procedures in STATE's Documentation Manual by April 30, 2006 for calendar year 2005 detailing step by step all agreed upon changes in data collection, editing, coding, processing, and tabulating all data in accordance with this solicitation. Edit and update procedures in STATE's Documentation Manual by April 30, 2007 for calendar year 2006 detailing step by step all agreed upon changes. The STATE shall provide the CONTRACTOR with electronic file of current STATE Documentation Manual in Microsoft Word.

**C. TIME SCHEDULE**

1. Preliminary work on the project shall begin on the execution date of the contract. For calendar year 2005, the survey period shall begin January 2005 through December 2005 with final reporting and documentation by April 2006. For calendar year 2006, the survey period shall begin in January 2006 through December 2006 with final reporting and documentation due by April 2007 unless extended per mutual written agreement.
2. All proposals shall submit a time schedule in accordance with instructions contained in the section entitled "Proposal Requirements."

**D. COMPENSATION**

1. Award shall be made on a firm, fixed fee.
2. Proposals shall be priced and shall include a budget in accordance with the section entitled "Proposal Requirements." The overall budget shall consist of a separate budget for calendar year 2005 and calendar year 2006 with corresponding totals for each year. In addition, the combined amount of these two budgets shall be shown as the total amount proposed for this project.
3. Payments shall be made to Awardee in accordance with predetermined progress payments contingent on State's approval of specified deliverables.
4. The Awardee shall be required to obtain a current tax clearance from the State of Hawaii Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment. See paragraph D "Tax Clearances" on page 21 and 22 of the Special Provisions.
5. The CONTRACTOR shall be required to obtain a current Certificate of Compliance issued by the State of Hawaii Department of Labor and Industrial Relations and a Certificate of Good Standing issued by the Department of Commerce and Consumer Affairs Business Registration Division prior to entering into a contract with the State. See paragraph G "Method of Award" on pages 22 through 24 of the Special Provision.



**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EVALUATION CRITERIA**

**EVALUATION CRITERIA –  
NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**A. MINIMUM CRITERIA FOR PROPOSAL RESPONSIVENESS**

1. Unfavorable references may be justification for rejection of a proposal.
2. The STATE reserves the right to use whatever resources are available to the STATE to seek additional references in addition to those submitted in the proposal.
3. Submitting incomplete proposal documents or failure to sign the proposal documents maybe justification for rejection of a proposal.
4. Failure to respond or comply with the specifications provided in the Solicitation or the requirements provided by statutes or law.

**B. PROPOSAL EVALUATION CRITERIA**

An evaluation committee shall be appointed by the Director. The committee shall evaluate responsive proposals in accordance with the section entitled "Proposal Requirements" and based on the following general criteria:

Criteria		<u>Total Possible Points</u>
1.	Qualifications/Experience	
a.	Related Experience.	60
b.	Ability to undertake this project.	40
2.	Proposal	
a.	Methodology for drawing a representative sample for Cruise Visitor and ship crew survey	30
d.	Reasonableness of proposed time schedule.	20
3.	Price	
a.	Price ranking adjusted by preferences. (See Special Provisions).	20
b.	Reasonableness of proposed budget	30

**TOTAL POSSIBLE: 200 POINTS**

**STATE OF HAWAII**  
**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**  
**RESEARCH AND ECONOMIC ANALYSIS DIVISION**  
**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE**  
**SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**SPECIAL PROVISIONS**

**SPECIAL PROVISIONS –  
NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**A. PREFERENCES**

The following preferences shall apply to this solicitation. The evaluated price shall be based on application of these preferences in the order specified below:

1. In-State Contractor. Preference shall be given to offerors within the State of Hawaii. Whenever an offeror selects and qualifies for an in-state contractor preference, all prices from offerors who do not select or qualify under the in-state contractor preference shall be increased by 5% for evaluation purposes. Offerors claiming this preference shall submit a tax clearance certified from the State of Hawaii, Department of Taxation with their proposal and must indicate a State of Hawaii business address.
2. All printing done in the State of Hawaii shall be given a 15% preference. Interested offerors shall submit a list of printing companies they are planning to use for the printing of the survey questionnaire forms.
3. Tax adjustment for out-of-state and tax exempt bidders. Where the offeror is an out-of-state vendor not doing business in the State or is a person exempted from paying the applicable general excise tax, the proposal price, for the purpose of determining the lowest price offer, shall be increased by the applicable retail rate of general excise tax and the applicable use tax.
4. Reciprocal Preference. Resident offerors of the State of Hawaii may be given a reciprocal preference equal to the preference that an out-of-state offeror would be given in their own state. If the out-of-state offeror's state has a preference comparable to a Hawaii preference, the reciprocal preference shall be equal to the amount the out-of-state preference exceeds the Hawaii preference.

**B. PROPOSALS MUST BE PRICED.**

**C. SPECIAL CONDITIONS:**

1. All work must comply with all applicable State, County, and Federal regulations, codes, and guidelines.
2. All work and products developed shall conform with all applicable City and County, State and Federal rules and regulations.
3. DBEDT reserves the right to reduce, amend, or expand the "Scope of Work."

#### D. TAX CLEARANCE:

##### **HRS Chapter 237 tax clearance requirement for award and final payment.**

Instructions are as follows:

The Awardee(s) shall be required to obtain a current tax clearance from the State of Hawaii Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment.

It is recommended that the "Tax Clearance Application," Form A-6, attached, be mailed to a DOTAX district office as soon as possible, as the process may take 21 calendar days before you receive a tax clearance. We also recommend that extra-certified copies be requested, if responding to several competitive solicitations. Extra-certified copies may be requested by writing or typing the number of copies next to the check box 3.c. on the application form. Offerors who repeatedly submit bids or proposals for State or county contracts should file frequently for a tax clearance.

Pursuant to §103D-328, HRS, successful Offeror shall be required to submit a tax clearance certificate issued by the Hawaii State Department of Taxation (DOTAX) and the Internal Revenue Service (IRS). The certificate is valid for six (6) months from the most recent approval stamp date on the certificate and must be valid on the date it is received by the purchasing agency.

The tax clearance certificate shall be obtained on the State of Hawaii, DOTAX *TAX CLEARANCE APPLICATION* Form A-6 (Rev. 2003) which is available at the DOTAX and IRS offices in the State of Hawaii or the DOTAX website, and by mail or fax:

DOTAX Website (Forms & Information): <http://www.state.hi.us/tax/alphalist.html#a>  
DOTAX Forms by Fax/Mail: (808) 587-7572  
1-800-222-7572

Completed tax clearance applications may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch, to the address listed on the application. Facsimile numbers are:

DOTAX:	(808) 587-1488
IRS:	(808) 539-1573

The application for the clearance is the responsibility of the Offeror, and must be submitted directly to the DOTAX or IRS and not to the purchasing agency.

Contractor is required to submit a tax clearance certificate for final payment on the contract. A tax clearance certificate, not over two months old, with an original green certified copy stamp, must accompany the invoice for final payment on the contract.

#### **E. BONDS**

Bid, performance, and payment bonds are not required for this solicitation.

#### **F. GENERAL TERMS AND CONDITIONS NOT APPLICABLE**

Section 2.9 and 2.12 of the general terms and conditions which apply specifically to the invitation to bid method of selection are not applicable to this solicitation.

#### **G. METHOD OF AWARD:**

The successful offerors shall be awarded an "Agreement for Goods or Services Based upon Competitive Sealed Proposals" contract.

Reference Responsibility of Offerors in §3-122-112, HAR. Offeror shall produce documents to the procurement officer to demonstrate compliance with this section.

**HRS Chapter 237 tax clearance requirement for award and final payment.** See Item D., pages 21 and 22.

**HRS Chapters 383 (Unemployment Insurance), 386 (Workers' Compensation), 392 (Temporary Disability Insurance), and 393 (Prepaid Health Care) requirements for award.** Instructions are as follows:

Pursuant to §103D-310(c), HRS, successful Offeror shall be required to submit an approved certificate of compliance issued by the Hawaii State Department of Labor and Industrial Relations (DLIR). The certificate is valid for six (6) months from the date of issue and must be valid on the date it is received by the purchasing agency.

The certificate of compliance shall be obtained on the State of Hawaii, DLIR *APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR*, Form LIR#27 which is available at [www.dlir.state.hi.us/LIR#27](http://www.dlir.state.hi.us/LIR#27), or at the neighbor island DLIR District Offices. The DLIR will return the form to the Offeror who in turn shall submit it to the purchasing agency.

The application for the certificate is the responsibility of the Offeror, and must be submitted directly to the DLIR and not to the purchasing agency.

**Requirement for award.** To be eligible for award, the Offeror must comply as follows:

**Hawaii business.** A business entity referred to as a “Hawaii business”, is registered and incorporated or organized under the laws of the State of Hawaii. As evidence of compliance, Offeror shall submit a *CERTIFICATE OF GOOD STANDING* issued by the Department of Commerce and Consumer Affairs Business Registration Division (BREG). A Hawaii business that is a sole proprietorship, however, is not required to register with the BREG, and therefore not required to submit the certificate. An Offeror’s status as sole proprietor or other business entity and its business street address indicated on the Offer Form page OF-1 will be used to confirm that the Offeror is a Hawaii business.

**Compliant non-Hawaii business.** A business entity referred to as a “compliant non-Hawaii business,” is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State. As evidence of compliance, Offeror shall submit a *CERTIFICATE OF GOOD STANDING*.

To obtain a *CERTIFICATE OF GOOD STANDING* go online to [www.BusinessRegistrations.com](http://www.BusinessRegistrations.com) and follow the prompt instructions. To register or to obtain a “Certificate of Good Standing” by phone, call (808) 586-2727 (M-F 7:45 to 4:30 HST). The “Certificate of Good Standing” is valid for six months from date of issue and must be valid on the date it is received by the purchasing agency.

Offerors are advised that there are costs associated with registering and obtaining a “Certificate of Good Standing” from the DCCA.

**Timely Submission of all Certificates.** The above certificates should be applied for and submitted to the purchasing agency as soon as possible. If a valid certificate is not submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award.

**Final Payment Requirements.** In addition to a tax clearance certificate an original “Certification of Compliance for Final Payment” (SPO Form-22), will be required for final payment. A copy of the Form is also available at [www.spo.hawaii.gov](http://www.spo.hawaii.gov). Select “Forms for Vendors/Contractors” from the Chapter 103D, HRS, pop-up menu.

## **H. PROPRIETARY INFORMATION**

Any information deemed propriety in nature should be clearly marked “proprietary” by the offeror. Failure to designate proprietary information will subject the offeror’s proposal to full disclosure and public inspection.



**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**PROPOSAL REQUIREMENTS**

**PROPOSAL REQUIREMENTS –FOR OFFERORS SUBMITTING A PROPOSAL FOR  
NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**A. SUBMISSION REQUIREMENTS – Failure to comply with any of these requirements may be grounds for rejection of the proposal.**

1. The Original plus 5 copies (total – 6 copies) of the proposal shall be submitted in a sealed envelope to:  
DBEDT, State of Hawaii  
Administrative Services Office/Contracts  
No. 1 Capitol District  
250 So. Hotel St., 5th Floor, Room 510-D  
Honolulu, HI 96813
2. The original proposal shall be clearly marked “original” on the upper right hand corner of the cover page and have original signature. If possible, blue ink is preferred.
3. "Solicitation No. “RFP-05-06-READ NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006” shall be referenced on the outside of the sealed proposals. Facsimiles shall not be accepted.
4. **The Administrative Services Office/Contracts must receive sealed proposals, no later than 12:00 p.m., November 24, 2004. Proposals shall be timed-stamped with the Administrative Services Office/Contracts time clock upon receipt. Late proposals shall not be accepted. The Administrative Services Office/Contracts' time clock shall serve as the official time.**
5. Offerors are cautioned that Federal Express and United Parcel Service deliveries are guaranteed up to 5:00 p.m. of the designated delivery date. Offerors are cautioned to make prior arrangements to ensure delivery by 12:00 p.m. on the proposal due date.
6. Offerors are to complete and submit the section entitled "Proposal."

## **B. OFFEROR'S COVENANTS AND QUALIFICATIONS**

1. Proposals shall include completed proposal pages in the section entitled "Proposal". Remove, complete, and submit the appropriate number of copies of the entire section entitled, "Proposal."
2. The proposal must be signed by an authorized representative and a corporate resolution or evidence of authorization to bind must be attached.
3. **PLEASE NOTE: The name of the organization filing the proposal must match the name which is either legally registered with the Hawaii Department of Commerce and Consumer Affairs (DCCA) for Hawaii corporations, partnerships, or trade names; or the Department of Taxation for sole proprietors who do not have registered trade names with the DCCA. An out-of-state organization must be legally registered with its appropriate state. Should the proposal include more than one entity or should the offeror anticipate work to be performed through subcontracts, please list all entities or subcontractors and their respective roles in the project.**

## **C. PROJECT PROPOSAL**

The project proposal shall include, but not be limited to:

1. Scope of Work.
  - a. A detailed plan to effectively carry out the tasks described in the "Statement of Work," paragraph B, "Scope of Work," pages 9-15.
2. Time Schedule.
  - a. All services for calendar year 2005 shall be completed with documentation by April 2006 unless extended per mutual written agreement. All services for calendar year 2006 shall be completed with final documentation and reporting by April 2007 unless extended per mutual written agreement.
  - b. The proposal shall include a timeline for completion of all major tasks. The timeline shall include, but not be limited to: description of each task, duration of each task, estimated total person hours for completing each task, schedule of tasks, milestones, due dates, and schedule of periodic progress reports with dates for submission.

3. Compensation.

- a. The proposal shall be priced and shall include a budget for all tasks proposed. The overall budget shall consist of a separate budget for calendar year 2005 and calendar year 2006 with corresponding totals for each year. In addition, the combined amount of these two budgets shall be shown as the total amount proposed for this project.
- b. The proposed price shall be based on a firm fixed fee and shall include all applicable taxes, and any and all other costs to be incurred to provide services as specified herein.
- c. The Contractor shall be required to obtain a current tax clearance from the State of Hawaii, Department of Taxation and the Internal Revenue Service prior to entering into a contract with the State and again to receive final payment. Offerors are encouraged to immediately apply for a tax clearance, and if possible, to submit their tax clearance with their proposal. A tax clearance application is attached. See paragraph D, "Tax Clearance" of the Special Provisions for more detailed information.

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**PROPOSAL**

**OFFERORS ARE TO COMPLETE AND SUBMIT THIS SECTION FOR THEIR PROPOSALS.**

## **PROPOSAL**

### **NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE SURVEY - FOR CALENDAR YEARS 2005 and 2006**

#### **SOLICITATION No. RFP-05-06-READ**

Department of Business, Economic Development and Tourism  
Administrative Services Office/Contracts  
No. 1 Capitol District, 5th Floor, Room 510-D  
250 So. Hotel Street  
Honolulu, HI 96813

The undersigned has carefully read and understands the terms, conditions and requirements specified in the Request for Proposal attached hereto and hereby submit the following proposal to perform the work specified herein, all in accordance with the true intent and meaning thereof.

The undersigned further understands and agrees to the following:

- That by submitting this proposal, the undersigned is declaring that this proposal is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts;
- That by submitting this proposal, the undersigned is declaring that the proposal is being made without collusion with any other person, firm or corporation;
- That the Director of the Department of Business, Economic Development, and Tourism reserves the right to cancel the Request for Proposal at any time and all proposals may be rejected in whole or in part when it is in the best interest of the State;
- That discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being selected for award, but a proposal may be accepted without such discussions;
- That the undersigned may be required to submit best and final offers based on discussion;
- That award, if any, will be made on a firm fixed fee basis to the responsive and responsible offeror who has submitted the most advantageous offer in accordance with the evaluation criteria set forth in this Request for Proposal;

- That by submitting this proposal, the undersigned is declaring that if awarded a contract, the undersigned will comply with all requirements for wages, hours and working conditions in accordance with Section 103-55, Hawaii Revised Statutes; and
- That if awarded a contract, the undersigned hereby commits to a minimum of two consultation sessions with the State.

The undersigned acknowledges receipt of any addendum issued by the Department of Business, Economic Development, and Tourism by recording in the space below the date of receipt:

Addendum No. 1 \_\_\_\_\_ Addendum No. 2 \_\_\_\_\_

Addendum No. 3 \_\_\_\_\_ Addendum No. 4 \_\_\_\_\_

The undersigned hereby certifies that the proposal hereby attached has been carefully checked and is submitted as correct.

Respectfully submitted,

\_\_\_\_\_  
Exact Legal Name of Offeror (company name)

\_\_\_\_\_  
Authorized signature (attach corporate resolution or evidence of authorization to bind)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, STATE, Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Mailing Address (if different from street address)

State of Hawaii General Excise Tax (GET) License Number: \_\_\_\_\_

Federal Taxpayer Identification Number: \_\_\_\_\_

Type of Organization:

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Joint Venture

If offeror is a "dba" or a division of a corporation, furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

State of Incorporation: Hawaii \_\_\_\_\_ Other: \_\_\_\_\_

### **PREFERENCES:**

The following preferences apply to this solicitation. A detailed discussion of each preference is included in the section entitled, "Special Provisions." Indicate which preferences apply.

1. In-state contractor preference:                      yes\_\_\_\_\_ no\_\_\_\_\_

If yes, indicate State of Hawaii business street address: \_\_\_\_\_

If yes, attach current (issued within 45 days of bid submittal) tax clearance from the State of Hawaii Department of Taxation.

(Note: The bidder may wish to also obtain tax clearance from the Internal Revenue Service at the same time in order to fulfill this requirement if awarded a contract)

2. Tax Adjustments:

Are you an out-of-state business?                      yes\_\_\_\_\_ no\_\_\_\_\_

Is your organization tax exempt?                      yes\_\_\_\_\_ no\_\_\_\_\_

3. Reciprocal Preferences:

List your principal place of Business:

\_\_\_\_\_

\_\_\_\_\_

Street address, City, State, Zip Code

Are you registered with the State of Hawaii, Department of Commerce and Consumer Affairs to do business in the State of Hawaii? yes\_\_\_\_\_ no\_\_\_\_\_



## QUALIFICATION QUESTIONNAIRE

1. How many years has your organization been in business under your present business name?  
\_\_\_\_\_
2. How many years experience in this field of work has your organization had?
3. Show what projects your organization has completed in the past five (5) years that are related to this project:

Name and Address of Project Owner	Description	Contract Amount	Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have you ever failed to complete any work awarded to you?  
If so, please provide a brief description, including when and where it took place and why work was not completed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Has any officer or partner of your organization in the past five (5) years been an officer, partner or individual of some other organization that failed to complete a contract?  
If so, state name of individual, other organization and reason therefore:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. For what entities within the State of Hawaii other than government agencies have you performed work and to whom do you refer?

Agency	Project Description	Contact Person	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. For what State departments and county agencies of the State of Hawaii have you performed work and to whom do you refer?

Department	Project Description	Contact Person	Phone

8. Have you performed work for the U.S. Government? \_\_\_\_\_  
If so, list and to whom do you refer?

Agency	Project Description	Contact Person	Phone

9. Have you ever performed any work for any other governmental agencies outside the State of Hawaii?  
If so, list and to whom do you refer?

Agency	Project Description	Contact Person	Phone

10. List a minimum of three references for work performed similar to this project.

Company	Project Description	Contact Person	Phone

11. What is the professional or project experience of the principal individuals being assigned to this project?

Individual's Name	Position or Title	Years Experience	Type of Work

## **CORPORATE RESOLUTION**

Attach here:

1. Corporate resolution or written authorization of offeror's representative to sign this proposal here.

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EXHIBIT A – OFFER FORM OF-1**

## EXHIBIT A

Department of Business, Economic Development, and Tourism  
Administrative Services Office / Contracts  
No. 1 Capitol District  
250 So. Hotel Street, 5th Floor, Room 510D  
Honolulu, Hawaii 96813

Dear Ms. Eileen Harada:

The undersigned has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, Form 4/15/96 by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof. The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned represents: **(Check ☒ one only)**

- ☐ A **Hawaii business** incorporated or organized under the laws of the State of Hawaii; **OR**  
☐ A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii.

State of incorporation: \_\_\_\_\_

Offeror is:

- ☐ Sole Proprietor   ☐ Partnership   ☐ Corporation   ☐ Joint Venture  
☐ Other \_\_\_\_\_

Federal I.D. No.: \_\_\_\_\_

Hawaii General Excise Tax License I.D. No.: \_\_\_\_\_

Payment address (other than street address below): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business address (street address): \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Respectfully submitted:

(x) \_\_\_\_\_  
Authorized (Original) Signature

Date: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

\_\_\_\_\_  
Name and Title (Please Type or Print)

Fax No.: \_\_\_\_\_

\* \_\_\_\_\_  
**Exact Legal Name of Company (Offeror)**

E-mail Address: \_\_\_\_\_

\*If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:  
\_\_\_\_\_

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EXHBIT B – TAX CLEARANCE**

STATE OF HAWAII — DEPARTMENT OF TAXATION  
**TAX CLEARANCE APPLICATION**  
PLEASE TYPE OR PRINT CLEARLY

**1. APPLICANT INFORMATION:** (PLEASE PRINT CLEARLY)

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

**2. TAX IDENTIFICATION NUMBER(S):** (Complete applicable ID numbers)

HAWAII GENERAL EXCISE ID # \_\_\_\_\_

FEDERAL EMPLOYER ID # \_\_\_\_\_ - \_\_\_\_\_  
(FEIN)

SOCIAL SECURITY #(SSN) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. APPLICANT IS A/AN:** (CHECK ONLY ONE BOX)

- ☐ CORPORATION ☐ S CORPORATION ☐ TAX EXEMPT ORGANIZATION  
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ ESTATE ☐ TRUST  
☐ LIMITED LIABILITY COMPANY ☐ LIMITED LIABILITY PARTNERSHIP  
☐ Single Member LLC disregarded as separate from owner; enter owner's FEIN/SSN \_\_\_\_\_

**4. THE TAX CLEARANCE IS REQUIRED FOR:**

- ☐ CITY, COUNTY, OR STATE GOVERNMENT CONTRACT IN HAWAII \* ☐ LIQUOR LICENSE \*  
☐ REAL ESTATE LICENSE ☐ CONTRACTOR LICENSE ☐ BULK SALES  
☐ FINANCIAL CLOSING ☐ PROGRESS PAYMENT ☐ PERSONAL  
☐ HAWAII STATE RESIDENCY ☐ FEDERAL CONTRACT ☐ LOAN  
☐ SUBCONTRACT ☐ OTHER \_\_\_\_\_

\* IRS APPROVAL STAMP IS ONLY FOR PURPOSES INDICATED BY ASTERISK.

**5. NO. OF CERTIFIED COPIES REQUESTED:**

**6. SIGNATURE:**

PRINT NAME \_\_\_\_\_

PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, Executor

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

( ) - ( ) -  
TELEPHONE

( ) -  
FAX

**POWER OF ATTORNEY.** If submitted by someone other than a Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee, or Executor, a power of attorney (State of Hawaii, Department of Taxation, Form N-848) must be submitted with this application. If a Tax Clearance is required from the Internal Revenue Service, IRS Form 8821, or IRS Form 2848 is also required. Applications submitted without proper authorization will be sent to the address of record with the taxing authority. UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.

**PLEASE TYPE OR PRINT CLEARLY — THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

**SEE PAGE 2 ON REVERSE & SEPARATE INSTRUCTIONS.** Failure to provide required information on page 2 of this application or as required in the separate instructions to this application will result in a denial of the Tax Clearance request.

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE / /
HAWAII RETURNS FILED IF APPLICABLE 19 19
STATE APPROVAL STAMP
*IRS APPROVAL STAMP
CERTIFIED COPY STAMP

7. **CITY, COUNTY, OR STATE GOVERNMENT CONTRACT:** ☐ Bid/Entering Into a Contract ☐ Completion/Final Payment  
For completion/final payment of contract, please provide the name and telephone number of the contact person at the State or County Agency.  
Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
8. **LIQUOR LICENSING:** ☐ Initial ☐ Renewal ☐ Transfer-Seller ☐ Transfer-Buyer ☐ Special Event
9. **CONTRACTOR LICENSING:** ☐ Initial ☐ Renewal
10. **STATE RESIDENCY:** DATE APPLICANT ARRIVED IN HAWAII \_\_\_\_\_
11. **ACCOUNTING PERIOD:** ☐ Calendar year ☐ Fiscal year ending \_\_\_\_\_  
(MM/DD)
12. **TAX EXEMPT ORGANIZATION:**  
A) Provide the Internal Revenue Code Section that applies to your exemption. \_\_\_\_\_  
B) Does your organization file federal Form 990-T, Exempt Organization Business Income Tax Return? ☐ YES ☐ NO
13. **CORPORATION:** Parent's Corporation Name \_\_\_\_\_ FEIN \_\_\_\_\_
14. **INDIVIDUAL:** Spouse's Name \_\_\_\_\_ SSN \_\_\_\_\_
15. **IF YOU DO NOT HAVE A GENERAL EXCISE TAX LICENSE AND REQUIRE A TAX CLEARANCE FOR A GOVERNMENT CONTRACT:**  
A) Has your firm had any business income in Hawaii prior to the Bid? ☐ YES ☐ NO  
B) Does your firm have an office, inventory, property, employees, or other representatives in the State of Hawaii? ☐ YES ☐ NO  
C) Has your firm provided any services within the State of Hawaii? ☐ YES ☐ NO
16. **FILING THE APPLICATION FOR TAX CLEARANCE:**

The completed application may be mailed, faxed, or submitted in person to the Department of Taxation, Taxpayer Services Branch. Applications which require an Internal Revenue Service Tax Clearance will be forwarded to the Internal Revenue Service after processing is completed by the Department of Taxation. Allow up to 10 to 15 business days for processing between the Department of Taxation and the Internal Revenue Service.

State Dept. of Taxation  
TAXPAYER SERVICES BRANCH  
P.O. BOX 259  
HONOLULU, HI 96809-0259  
TELEPHONE NO.: 808-587-4242  
TOLL FREE: 1-800-222-3229  
FAX NO.: 808-587-1488  
or  
830 PUNCHBOWL STREET  
HONOLULU, HI 96813-5094

Internal Revenue Service  
WAGE & INVESTMENT DIVISION  
-TC M/S H214  
FIELD ASSISTANCE GROUP 174  
300 ALA MOANA BLVD., #50089  
HONOLULU, HI 96850  
TELEPHONE NO.: 808-539-1555  
FAX NO.: 808-539-1573  
or  
TAXPAYER ASSISTANCE CENTER  
HONOLULU:  
300 ALA MOANA BLVD., RM 1-128

Applications are available at Department of Taxation and IRS offices in Hawaii, and may also be requested by calling the Department of Taxation's Forms By Fax/Mail request line on Oahu at 808-587-7572 or toll-free at 1-800-222-7572. The Tax Clearance Application, Form A-6, can be downloaded from the Department of Taxation's website ([www.state.hi.us/tax](http://www.state.hi.us/tax)).

----- FOR OFFICE USE ONLY -----

TYPE OF TAX	TAX RETURNS FILED STATUS	Clerk's Initials	ITEMS RECEIVED
INCOME			
GENERAL EXCISE/USE			
HAWAII WITHHOLDING			
TRANSIENT ACCOMMODATIONS			
RENTAL MOTOR /TOUR VEHICLE			
UNEMPLOYMENT INSURANCE			
OTHER TAXES			



**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EXHBIT C – DLIR APPLICATION**

**STATE OF HAWAII**  
**DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS**  
**APPLICATION FOR CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

**1. APPLICANT INFORMATION: (Please Type or Print Clearly)**

\*Applicant's Business Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

DBA/Trade Name \_\_\_\_\_

\* Business name must be the same name submitted with the applicant's bid or proposal.

**2. IDENTIFICATION NUMBER(S): (Complete Applicable ID Numbers)**

Department of Labor ID# \_\_\_\_\_

Federal Employer ID# (FEIN) \_\_\_\_\_

**3. APPLICANT IS: (Check Only One Box)**

- ☐ CORPORATION    ☐ S CORPORATION    ☐ TAX EXEMPT ORGANIZATION  
☐ INDIVIDUAL (SOLE PROPRIETOR)    ☐ PARTNERSHIP    ☐ ESTATE    ☐ TRUST  
☐ LIMITED LIABILITY COMPANY    ☐ LIMITED LIABILITY PARTNERSHIP  
☐ SINGLE MEMBER LLC WHO IS SEPARATE FROM OWNER (ENTER FEIN)

**4. EMPLOYEES:**

(a) Do you currently have any employees performing services in the State of Hawaii?

☐ YES    ☐ NO\*

\*If answered "no", please complete question 4(b).

(b) Will you in the future have any employees performing services in the State of Hawaii?

☐ YES\*    ☐ NO

\*If answered "yes", please complete below.

**Date of Employment** \_\_\_\_\_

**Scope of Services** \_\_\_\_\_

**Length of Employment** \_\_\_\_\_

**NOTE: If this application is stamped "PENDING", another LIR#27 must be submitted when employees are performing services in the State to determine compliance with the State of Hawaii labor laws. Approvals by both divisions constitute a certificate of compliance with labor laws based on information available to the department as of the approval dates. THE FRONT PAGE OF THIS APPLICATION BECOMES THE CERTIFICATE UPON APPROVAL.**

FOR OFFICE USE ONLY
BUSINESS START DATE IN HAWAII IF APPLICABLE  /    /
DLIR Log No. _____
Date Received _____
Unemployment Insurance Division Approval Stamp
Disability Compensation Division Approval Stamp

**UNSIGNED APPLICATIONS WILL NOT BE PROCESSED.**

**PLEASE TYPE OR PRINT CLEARLY.**

**SEE BELOW FOR FILING INSTRUCTIONS.** Failure to provide above required information on this application will result in a denial of this request.

**5. SIGNATURE:**

\_\_\_\_\_  
PRINT NAME  
Executor

\_\_\_\_\_  
PRINT TITLE: Corporate Officer, General Partner or Member, Individual (Sole Proprietor), Trustee,

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
FAX

**FILING INSTRUCTIONS FOR THE  
CERTIFICATE OF COMPLIANCE WITH SECTION 3-122-112, HAR**

Applications are available at the addresses below and can be downloaded from the Department of Labor and Industrial Relations website ([www.dlir.state.hi.us](http://www.dlir.state.hi.us)). On the DLIR website scroll down to Employer Forms and click on LIR #27.

**SUBMIT** (mail, fax, or deliver) completed application **only to** the Department of Labor and Industrial Relations, **ADMINISTRATIVE SERVICES OFFICE\***. Allow up to 7 business days for processing.

* Administrative Services Office 830 Punchbowl St., Rm. 309 Honolulu, HI 96813 Ph: (808) 586-8888 Fax: (808) 586-8899	Unemployment Insurance Division 830 Punchbowl St., Rm. 437 Honolulu, HI 96813 Ph: (808) 586-8913 or 586-8914 Fax: (808) 586-8929	Disability Compensation Division 830 Punchbowl St., Rm. 209 Honolulu, HI 96813 Ph: (808) 586-9161 Fax: (808) 586-9219
East Hawaii District Office 75 Aupuni St., #108 Hilo, HI 96720 Ph: (808) 974-6464 Fax: (808) 974-6460	West Hawaii District Office Ashikawa Building 81-990 Halekii St., #2087 Kealahou, HI 96750 Ph: (808) 322-4808 Fax: (808) 322-4813	
Maui District Office 2264 Aupuni St. Wailuku, HI 96793 Ph: (808) 984-2078 Fax: (808) 984-2071	Kauai District Office 3060 Eiwa St., #202 Lihue, HI 96766 Ph: (808) 274-3351 Fax: (808) 274-3355	

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EXHBIT D – HAWAII ADMINISTRATIVE RULES**

the public and the basis for the acceptance is explained in the written determination. [Eff 7/25/02; comp 11/15/03 ] (Auth: HRS §§103D-202, 103D-310) (Imp: HRS §103D-310)

§3-122-112 Responsibility of offerors. (a) The offeror, as proof of compliance with the requirements of section 103D-310(c), HRS, upon award of a contract made pursuant to sections 103D-302, 103D-303, 103D-304, or 103D-306, HRS, shall provide:

- (1) A tax clearance certificate from the department of taxation and the Internal Revenue Service, subject to section 103D-328, HRS, current within six months of issuance date;
- (2) A certificate of compliance for chapters 383, 386, 392, and 393, HRS, from the department of labor and industrial relations, current within six months of issuance date; and
- (3) A certificate of good standing from the business registration division of the department of commerce and consumer affairs, current within six months of issuance date.

(b) For small purchase awards made pursuant to sections 103D-304 and 103D-305, HRS, the offeror shall provide only upon request of the purchasing agency, the certificates in subsection (a) (1), (2), or (3).

(c) All state and county procurement officers or agents shall withhold final payment of a contract included in subsection (a), until receipt of:

- (1) A tax clearance certificate from the director of taxation and the Internal Revenue Service, subject to section 103D-328, HRS, current within two months of issuance date; and
- (2) A certification from the contractor affirming that the contractor has, as applicable, remained in compliance with all laws as required by this section. A contractor making a false affirmation shall be suspended and may be debarred pursuant to section 103D-702, HRS.

(d) This section shall not apply to any contract to the extent it jeopardizes federal funding. [Eff 11/15/03 ] (Auth: HRS §§103D-202, 103D-310) (Imp: HRS §103D-310)

§§3-122-113 to 3-122-115 (Reserved).

**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EXHIBIT E - NEIGHBOR ISLAND VISITOR QUESTIONNAIRE SURVEY FORM  
(ENGLISH VERSION)**



# DBEDT

THE DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM  
STATE OF HAWAII

Aloha. On behalf of the State of Hawai'i, thank you for visiting. Please take a few moments to complete the questions. This information helps us insure the quality of your Hawai'i experience remains the best it can be. Please mark ☒ each box or print. 1 2 clearly.

Your answers are strictly confidential and are tabulated for statistical purposes only. We greatly appreciate your assistance. Mahalo!

[Fill out one form per family/party]

1. The total number of people (including myself) covered by this form is:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

2. You are a(an):

- ☐ Out-of-state or foreign visitor to this island.  
☐ Hawai'i resident visiting this island from another island.  
☐ Resident of this island going on an out-of-island trip, to be away for \_\_\_\_\_ nights. [ANSWER QUESTIONS 9 - 13 ONLY]  
☐ Resident of this island moving to another island/state/country. [STOP. PLEASE TURN IN YOUR FORM]

3. On this trip, you were on this island for: [ONE ANSWER ONLY]

- ☐ Transit only (did not leave airport). [STOP. PLEASE TURN IN YOUR FORM]  
☐ One-day trip, did not stay overnight [CONTINUE TO QUESTION 4]  
☐ Stayed at least one night [CONTINUE TO QUESTION 4]

4. On this trip, how many NIGHTS will you or have you stayed at each location?

	# of NIGHTS stayed (write "0" if day-only trip)
O'ahu	<input type="text"/> <input type="text"/> <input type="text"/>
Maui	<input type="text"/> <input type="text"/> <input type="text"/>
Kaua'i	<input type="text"/> <input type="text"/> <input type="text"/>
Molokai	<input type="text"/> <input type="text"/> <input type="text"/>
Lana'i	<input type="text"/> <input type="text"/> <input type="text"/>
Kona (Big Island of Hawai'i)	<input type="text"/> <input type="text"/> <input type="text"/>
Hilo (Big Island of Hawai'i)	<input type="text"/> <input type="text"/> <input type="text"/>
TOTAL ALL ISLANDS	<input type="text"/> <input type="text"/> <input type="text"/>

DO NOT WRITE IN THESE BOXES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	:	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------



5. This trip to this island was your:

- ☐ 1st time ☐ 5th  
☐ 2nd ☐ 6th to 10th  
☐ 3rd ☐ Greater than 10  
☐ 4th

6. You came on this trip as a member of an organized group tour:

- ☐ Yes ☐ No

7. You came on a pre-paid package trip that included at least airfare and lodging:

- ☐ Yes ☐ No

8. Where did you stay while on this island? (MARK "X" ALL THAT APPLY)

- ☐ Hotel  
☐ Condominium  
☐ Rental House  
☐ Timeshare Unit  
☐ Bed & Breakfast  
☐ Cruise Ship  
☐ Friends or Relatives  
☐ Hostel  
☐ Camp Site, Beach  
☐ Other (please specify) \_\_\_\_\_

- 8a. What is the name of hotel/condominium you stayed at while on this island?

9. The primary reason for the trip to this island was: [RESIDENTS -- MARK "X" PURPOSE OF THIS TRIP]

- ☐ To Get Married  
☐ Honeymoon  
☐ Pleasure/Vacation  
☐ Convention/Conference  
☐ Corporate meeting  
☐ Incentive trip  
☐ Other business  
☐ Visiting friends or relatives  
☐ Government or military business  
☐ To attend school  
☐ Sporting events  
☐ Other (please specify) \_\_\_\_\_

10. What is your age?

- ☐ 12 or Under ☐ 25 to 40  
☐ 13 to 17 ☐ 41 to 59  
☐ 18 to 24 ☐ 60 or older

11. What is your gender?

- ☐ Male ☐ Female

12. Of the people covered by this form (NOT including yourself), how many were:

	Number of Males	Number of Females
12 years or under	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
13 to 17 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
18 to 24 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
25 to 40 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
41 to 59 years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
60 or more years	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
TOTAL	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

13. You are a resident of:

- ☐ U.S.A. →   
☐ Argentina (specify zip code)  
☐ Australia  
☐ Brazil  
☐ Canada  -   
☐ China (PRC) (specify postal code)  
☐ France  
☐ Germany  
☐ Hong Kong  
☐ Italy  
☐ Japan  -   
☐ Korea (specify postal code)  
☐ Mexico  
☐ New Zealand  
☐ Singapore  
☐ Switzerland  
☐ Taiwan  
☐ United Kingdom  
☐ Other (please specify) \_\_\_\_\_

14. Did you come to this island on a pre-paid package trip (including at least airfare and lodging)?

- ☐ Yes [IF YES, CONTINUE]  
☐ No [IF NO, SKIP TO QUESTION 15]

a. How much did your package cost? US\$   ,

b. Number of nights covered by it:

c. Number of people covered by amount:

d. What did your package include? (MARK "X" ALL THAT APPLY)

- ☐ Airfare (to and from Hawai'i)  
☐ Airfare (inter-island)  
☐ Inter-island cruise  
☐ Trip to another state/country: \_\_\_\_\_  
☐ Rental car  
☐ Breakfast  
☐ Lunch/Dinner  
☐ Lodging  
☐ Tours/Attractions  
☐ Other (describe): \_\_\_\_\_

e. Name of the package: \_\_\_\_\_

f. Did your package include a stay on:

- ☐ this island only  
☐ multiple Hawaiian islands

15a. Did you arrive on this island on a transpacific flight or an inter-island flight?

- ☐ Transpacific flight  
☐ Inter-island flight

15b. How much did you pay for your flight (if not included as part of a package)?

- Transpacific flight (round-trip) US\$   ,     
• Inter-island flight (one-way) US\$   ,

15c. Please indicate your departure information:

Date:   -   -    
Month Day Year

\_\_\_\_\_  
Flight Number Airline

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	:	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------

DO NOT WRITE IN THESE BOXES



16. How much did you spend in total on non-packaged items while on this island? (NOT including packaged expenses and transpacific airfare in Questions 14 and 15). Of this amount, how much did you spend for:

"Amount spent on THIS ISLAND ONLY"

16a. Lodging (hotel, condo, B&B, incl. tips) US\$   ,

16b. Total Food and Beverage US\$   ,

- In restaurants, bars and other eating places US\$   ,     
• Dinner shows/ Dinner cruises US\$   ,     
• Groceries/snacks US\$   ,

16c. Total Entertainment US\$   ,

- Attractions US\$   ,     
• Recreation (golf, tennis, snorkeling, etc.) US\$   ,     
• Other entertainment & tours US\$   ,

16d. Total Ground Transportation US\$   ,

- Ground transportation (buses, taxis, trolleys) US\$   ,     
• Rental car/moped US\$   ,     
• Other transportation costs (gas, parking) US\$   ,

16e. Total Shopping US\$   ,

- Fashion and clothing US\$   ,     
• Jewelry/watches US\$   ,     
• Cosmetics/perfumes US\$   ,     
• Leather goods (belts, wallets, handbags, etc.) US\$   ,     
• Hawai'i food products (fruits, nuts, & other products) US\$   ,     
• Souvenirs US\$   ,

16f. Other Spending (Describe) US\$   ,

SUM OF Q16a-Q16f US\$   ,



**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**EXHIBIT F - NEIGHBOR ISLAND VISITOR QUESTIONNAIRE SURVEY FORM  
(JAPANESE VERSION)**



# DBEDT

THE DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT & TOURISM  
STATE OF HAWAII

アロハ！ようこそハワイへ。私達は、ハワイを訪れる皆様の旅をよりよいものにするために調査を行っております。お答えいただいたアンケートは重要な参考資料となります。それぞれの回答欄にX又は、1 2とハッキリお書き下さい。この個人情報は、他の目的で使用されることは一切ありませんので、是非ご協力をお願いいたします。マハロ！

## [1 家族／グループにつき 1 票記入]

1. この票にカバーされる人数は (あなたも含めて)?:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5	6	7	8	9	10

2. あなたは:

- ☐ 旅行者。  
☐ ハワイ在住だが、他島からこの島に旅行  
☐ この島在住だが、他に泊旅行 [Q9-13 のみを回答]  
☐ この島在住だが、他の島／州／国へ移り住むつもり [調査終了]

3. この旅行でこの島に来た理由は: (回答は 1 つのみ)

- ☐ 乗り継ぎのみ (空港を出なかった) [調査終了]  
☐ 日帰り旅行 [Q4 へ]  
☐ 1 泊以上滞在 [Q4 へ]

4. この旅行であなたは、それぞれの場所に何泊なさる予定ですか、又何泊なさいましたか。

	宿泊数 (日帰りの場合は 0 を記入)		
オアフ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
マウイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
カウアイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
モロカイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ラナイ島	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
コナ (ハワイ島)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ヒロ (ハワイ島)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
合計の滞在泊数	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. 今回のこの島への旅行は何回目?

- ☐ 1 回 ☐ 5 回  
☐ 2 回 ☐ 6-10 回  
☐ 3 回 ☐ 11 回以上  
☐ 4 回

6. 今回の訪問は団体旅行でしたか?

- ☐ はい ☐ いいえ

7. あなたは、少なくとも航空運賃と宿泊費が含まれているパッケージツアーで来ましたか?

- ☐ はい ☐ いいえ

8. この島ではどこに宿泊なさいますか? (当てはまる物全てに x 印を付けて下さい)

- ☐ ホテル  
☐ コンドミニウム  
☐ アパート  
☐ タイムシェア  
☐ ビー・アンド・ビー (B & B)  
☐ 客船  
☐ 友人又は親戚宅  
☐ ユースホステル  
☐ キャンプ、ビーチ  
☐ その他 [具体的に]

- 8a. あなたがこの島に宿泊なさったホテル／コンドミニウムの名前は何か?

9. 今回の旅行の主な目的は? [住人の方へ—この旅行の目的に x 印を付けて下さい]

- ☐ 結婚式  
☐ 新婚旅行  
☐ 観光／休暇  
☐ コンペンション／会議  
☐ 社内会議  
☐ 招待旅行  
☐ その他のビジネス  
☐ 知人／親戚関係  
☐ 政府／軍関係  
☐ 留学  
☐ スポーツイベント  
☐ その他 [具体的に]:

10. あなたの年齢:

- ☐ 12 歳以下 ☐ 25-40 歳  
☐ 13-17 歳 ☐ 41-59 歳  
☐ 18-24 歳 ☐ 60 歳以上

11. あなたの性別

- ☐ 男性 ☐ 女性

12. 一緒に来た人数は (あなたを除いて):

	男性の人数		女性の人数	
12 歳以下	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-17 歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18-24 歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25-40 歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41-59 歳	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60 歳以上	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
合計	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. あなたの居住国は?

- ☐ アメリカ ☐☐☐☐☐  
☐ アルゼンチン (7 番場)  
☐ オーストラリア  
☐ ブラジル  
☐ カナダ ☐☐☐ - ☐☐☐  
☐ 中国 (7 番場)  
☐ フランス  
☐ ドイツ  
☐ 香港  
☐ イタリア  
☐ 日本 ☐☐☐ - ☐☐☐  
☐ 韓国 (7 番場)  
☐ メキシコ  
☐ ニュージーランド  
☐ シンガポール  
☐ スイス  
☐ 台湾  
☐ イギリス  
☐ その他 (具体的に):

DO NOT WRITE IN THESE BOXES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	:	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	---	--------------------------



14. あなたは、支払い済みパッケージツアーで来ましたか?(少なくとも航空運賃と宿泊費が含まれている)

☐ はい 【続行】

☐ いいえ 【Q15へ】

a. あなたのパッケージはおいくら US\$/¥   ,

b. 宿泊数は?:

c. 何人分の料金ですか?:

d. パッケージには何が含まれていましたか?  
(当てはまる物全てに x 印を付けて下さい。)

- ☐ 飛行機代 (ハワイまでの往復) )  
☐ 飛行機代 (隣島間)  
☐ 隣島のクルーズ  
☐ 他の州/国: \_\_\_\_\_ への旅行: \_\_\_\_\_  
☐ レンタカー  
☐ 朝食  
☐ 昼食/夕食  
☐ 宿泊  
☐ オプショナルツアー  
☐ その他 (具体的に) \_\_\_\_\_

f. パッケージ名は:

\_\_\_\_\_

e. あなたのパッケージの滞在は?:

- ☐ この島のみ  
☐ 他のハワイの島にも滞在

15a. あなたは、この島には太平洋路線のフライトで到着しましたか?それとも隣島間のフライトでしたか?

- ☐ 太平洋路線のフライト  
☐ 隣島間フライト

15b. 航空券はおいくらでしたか? (パッケージに含まれていない場合)

- 太平洋路線のフライト (往復) US\$/¥   ,
- 隣島間フライト (片道) US\$/¥   ,

15c. 出発日をご記入下さい:

日付:   -   -    
月 日 年

便 名

航空会社

:

DO NOT WRITE IN THESE BOXES

16. この島滞在中に使った金額はおよそいくらでしたか?  
(パッケージの料金や Q14 と Q15 でお答えいただいた飛行機代は除きます) その内訳は:

"この島での出費のみ"

16a. 宿泊費 (ホテル, コンドミニアム, US\$/ ¥   ,     B&B, チップを含む)

16b. 飲食費 US\$/ ¥   ,

- レストラン、バーやその他の飲食店 US\$/ ¥   ,
- ディナーショー/クルーズ US\$/ ¥   ,
- 食料品/スナック類 US\$/ ¥   ,

16c. 娯楽費 US\$   ,

- アトラクション US\$/ ¥   ,
- リクレーション (ゴルフ, テニス, シュノーケル, 等) US\$/ ¥   ,
- その他の娯楽やツアー US\$/ ¥   ,

16d. 交通費 US\$/ ¥   ,

- 交通費 (バス, タクシー, トローリー) US\$/ ¥   ,
- レンタカー/スクーター US\$/ ¥   ,
- その他 (ガソリン, 駐車代) US\$/ ¥   ,

16e. 買い物 US\$/ ¥   ,

- ファッション、衣料品 US\$/ ¥   ,
- 宝石、時計 US\$/ ¥   ,
- 化粧品、香水 US\$/ ¥   ,
- 革製品 (ベルト、財布、ハンドバッグ等) US\$/ ¥   ,
- ハワイ食料品 (フルーツ、ナッツ等) US\$/ ¥   ,
- おみやげ US\$/ ¥   ,

16f. それ以外の出費 US\$/ ¥   ,     (具体的に)

SUM OF Q16a-Q16f US\$/ ¥   ,



**STATE OF HAWAII**

**DEPARTMENT OF BUSINESS, ECONOMIC DEVELOPMENT, AND TOURISM**

**RESEARCH AND ECONOMIC ANALYSIS DIVISION**

**NEIGHBOR ISLAND VISITOR BASIC CHARACTERISTICS AND EXPENDITURE  
SURVEY - FOR CALENDAR YEARS 2005 and 2006**

**SOLICITATION No. RFP-05-06-READ**

**ATTACHMENT A**

**GENERAL TERMS AND CONDITIONS (APRIL 15, 1996)**